

# SEMINAR APPROVAL FORM

**INSTRUCTIONS:** The purpose of this form is to give evidence that the applicant is a prospective doctoral student and has permission to be enrolled in the seminar stated below. The prospective student will only be allowed to participate in the seminar stated. This form is only required for non-degree doctoral applicants in fulfillment of their application requirements.

*For Applicant:*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

## Seminar Information

Semester: \_\_\_\_\_

Course Code: \_\_\_\_\_

Seminar Name: \_\_\_\_\_

Professor: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*For Seminar Professor:*

By checking this box, I approve the above applicant to be enrolled in the following seminar.

Semester: \_\_\_\_\_

Course Code: \_\_\_\_\_

Seminar Name: \_\_\_\_\_

Professor: \_\_\_\_\_

**Faculty Printed Name:** \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO ADMISSIONS OFFICE BY UPLOADING TO YOUR APPLICATION PORTAL OR RETURNING TO THE ADDRESS BELOW.**

**Return Instructions:**

NOBTS Doctoral Admissions  
3939 Gentilly Blvd  
New Orleans, LA 70126  
doctoraladmissions@nobts.edu